|  |  |                         |            |                              | 016                            | 22,5                   | 595            |
|--|--|-------------------------|------------|------------------------------|--------------------------------|------------------------|----------------|
| PATENT APPLICATION FEE DETERMINATION RECOR   |  |                         |            | Application or Dockel Number |                                |                        |                |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |  | SMALL ENTITY. TYPE OR   |            | OTHER THAN<br>SMALL ENTITY   |                                |                        |                |
| TOTAL CLAIMS   | 48   |                         | RATE       | FEE                          | RATE                           | FEE                    |                |
| FOR .  |  | IUMBER EXTRA            | BASIC FEE  | 375.00 OF                    | BASIC FEE                      | 750.00                 |                |
| TOTAL CHARGEABLE CLAIMS  | 48 minus 20= .*  | 28                      | X\$ 9=     | OF                           | X\$18=                         |                        |                |
| INDEPENDENT CLAIMS   | O minus 3 = *  |                         | X42=       |                              |                                | 504                    | -              |
| MULTIPLE DEPENDENT CLAIM P   |  |                         | Aues       | OF                           |                                | 420                    | <u>B</u>       |
|  |  |                         | +140=      | OF                           | +280=                          | 0                      | S              |
| If the difference in column 1 is   |  | •                       | TOTAL      | OF                           | TOTAL                          | 1674                   |                |
| (Column 1)   | MENDED - PART I  | 2) (Column 3)           | SMALL      | ENTITY OR                    |                                | THAN'-<br>ENTITY       |                |
| REMAINING AFTER AMENDMENT  Total . #8  Independent . 8   | NUMBER<br>PREVIOUS<br>PAID FOI                               | PRESENT EXTRA           | RATE       | ADDI-<br>TIONAL<br>FEE       | RATE                           | ADDI-<br>TIONAL<br>FEE | BEST AVAILABLE |
| Total .48  | Minus . m 48   |                         | X\$ 9=     | OF                           | X\$18=                         |                        |                |
| Independent • 8  | Minus  | 2                       | X42=       | OF                           | X84=                           |                        |                |
| FIRST PRESENTATION OF MI   | ULTIPLE DEPENDENT CL   | AIM MIA.                | 4.5        |                              | -                              |                        | 18             |
| 105  | · -  | •                       | +140=      | OR                           | TOTAL                          |                        | 7              |
| 3/P3/  | (Caluma  | 0 . (0-1 0)             | ADDIT. FEE | OR                           | ADDIT. FEE                     |                        |                |
| Column 1) CLAIMS REMAINING AFTER AMENDMENT Total Independent   | (Column<br>HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR         | PRESENT<br>LY EXTRA     | RATE       | ADDI-<br>TIONAL<br>FEE       | RATE                           | ADDI-<br>TIONAL<br>FEE |                |
| Total • 7  | Minus = 78   | = /                     | X\$ 9=     | ОЯ                           | X\$18=                         |                        |                |
| FIRST PRESENTATION OF MIL  | Minus *** CI   | AIM /                   | X42=       | OR                           | X84=                           |                        |                |
| The state of the s | THE DEFENDENT CE   |                         | +140=      | OR                           | +280=                          |                        |                |
|  |  |                         | YOTAL      | OR                           | TOTAL                          |                        |                |
| (Column 1)   | (Column  | 2) (Column 3)           | ADDIT. FEE |                              | ADDIT. FEE                     | <b></b>                |                |
| CLAIMS REMAINING AFTER AMENDMENT Total Independent   | HIGHEST<br>NUMBER<br>PREVIOUS<br>PAID FOR                    | PRESENT<br>LY EXTRA     | RATE       | ADDI-<br>TIONAL<br>FEE       | RATE                           | ADDI-<br>TIONAL<br>FEE | ·              |
| Total *  | Minus **   | a                       | X\$ 9=     |                              | X\$18=                         | , <u></u>              |                |
| Independent •  | Minus •••  | •                       | X42=       | OR                           | <del></del>                    |                        |                |
| FIRST PRESENTATION OF MI   | JLTIPLE DEPENDENT CL   | AIM                     | 7452       | OR OR                        | X84=                           |                        |                |
| • If the entry in column 1 is less than th   | e entry in column 2 write 70°                                | In column 3             | +140=      | OR                           | +280=                          |                        |                |
| If the "Highest Number Previously Pa<br>"If the "Highest Number Previously Pa<br>The "Highest Number Previously Pai  | ild For IN THIS SPACE is les<br>aid For IN THIS SPACE is les | is than 20, enter "20." | ADDIT. FEE | OR rapriate box in or        | TOTAL<br>ADDIT, FEE<br>dumn 1. |                        |                |